| PTO/SB/06 (08-03)  Approved for use through 7/31/2006. OMB 0651-0032  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. |                                                                 |                                           |                               |                                             |                                       |                    |                        |                              |                    |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------|-------------------------------|---------------------------------------------|---------------------------------------|--------------------|------------------------|------------------------------|--------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875                                                                                                                                                                                                                          |                                                                 |                                           |                               |                                             |                                       |                    |                        | Application of Docket Number |                    |                        |
| CLAIMS AS FILED – PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                   |                                                                 |                                           |                               |                                             |                                       | SMALL E            | ENTITY                 | OR                           | OTHER<br>SMALL     |                        |
| FOR                                                                                                                                                                                                                                                                                              |                                                                 | NUMBE                                     | NUMBER FILED                  |                                             | NUMBER EXTRA                          |                    | FEE                    | ,                            | RATE               | FEE                    |
| BASIC FEE<br>(37 CFR 1.16(a))                                                                                                                                                                                                                                                                    |                                                                 |                                           |                               |                                             |                                       |                    | \$                     | OR                           |                    | \$                     |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                                 |                                                                 | 18                                        | minus 20 = -                  |                                             |                                       | × \$=              |                        | OR                           | x \$=              |                        |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                                           |                                                                 | is 2                                      | minus 3                       | = +                                         |                                       | × \$=              |                        | OR                           | × \$=              | ,                      |
| MUL.                                                                                                                                                                                                                                                                                             | TIPLE DEPENDEN                                                  | NT CLAIM PRESEN                           | LAIM PRESENT (37 CFR 1.16(d)) |                                             |                                       | + \$=              |                        | OR                           | +\$=               |                        |
| * If th                                                                                                                                                                                                                                                                                          | ne difference in co                                             | olumn 1 is less tha                       | ın zero, en                   | iter "0" in column 2                        | TOTAL                                 |                    | OR                     | TOTAL                        |                    |                        |
| CLAIMS AS AMENDED PART II                                                                                                                                                                                                                                                                        |                                                                 |                                           |                               |                                             |                                       |                    |                        |                              |                    |                        |
| OR OTHER THAN                                                                                                                                                                                                                                                                                    |                                                                 |                                           |                               |                                             |                                       |                    |                        |                              |                    |                        |
|                                                                                                                                                                                                                                                                                                  | 1                                                               | (Column 1)<br>CLAIMS                      |                               | (Column 2)                                  | (Column 3)                            | SMALL              | NTITY                  | I                            | SMALL              | ENTITY                 |
| AMENDMENT A                                                                                                                                                                                                                                                                                      | 4/10/07                                                         | REMAINING<br>AFTER<br>AMENDMENT           |                               | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA                      | RATE               | ADDI-<br>TIONAL<br>FEE |                              | RATE               | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                  | Total<br>(37 CFR 1.06(c))                                       | <u> </u>                                  | Minus                         | " 20                                        | -                                     | =                  | -                      | OR                           | _x s=              |                        |
|                                                                                                                                                                                                                                                                                                  | Independent<br>(37 CFR 1.16(b))                                 | 2                                         | Minus                         | ··· 3                                       |                                       | × \$=              |                        | OR                           | × \$               |                        |
| A                                                                                                                                                                                                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                           |                               |                                             |                                       | + \$=              |                        | OR                           | + \$=              |                        |
|                                                                                                                                                                                                                                                                                                  |                                                                 |                                           |                               |                                             |                                       | TOTAL<br>ADD'L FEE |                        | OR                           | TOTAL<br>ADD'L FEE |                        |
|                                                                                                                                                                                                                                                                                                  |                                                                 | (Column 1)                                |                               | (Column 2)                                  | (Column 3)                            | ,                  |                        | _                            | /                  |                        |
| TENDMENT B                                                                                                                                                                                                                                                                                       |                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                               | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                      | RATE               | ADDI-<br>TIONAL<br>FEE |                              | RATE               | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                  | Total<br>(37 CFR 1.16(c))                                       | *                                         | Minus                         | **                                          | =                                     | x \$=              | _                      | OR                           | x \$=              |                        |
|                                                                                                                                                                                                                                                                                                  | Independent<br>(37 CFR 1.16(b))                                 | •                                         | Minus                         | ***                                         | =                                     | x s=               |                        | OR                           | x \$=              |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))                                                                                                                                                                                                                                  |                                                                 |                                           |                               |                                             |                                       | + \$ =             |                        | OR                           | + \$ =             |                        |
|                                                                                                                                                                                                                                                                                                  | <del>.</del>                                                    |                                           |                               | ÷                                           | · · · · · · · · · · · · · · · · · · · | TOTAL<br>ADD'L FEE |                        | OR                           | TOTAL<br>ADD'L FEE |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                 |                                                                 |                                           |                               |                                             |                                       |                    |                        |                              |                    |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                      |                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                               | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                      | RATE               | ADDI-<br>TIONAL<br>FEE |                              | RATE               | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                  | Total<br>(37 CFR 1.16(c))                                       | •                                         | Minus                         | **                                          | =                                     | x \$=              |                        | OR                           | x \$=              |                        |
|                                                                                                                                                                                                                                                                                                  | Independent<br>(37 CFR 1.16(b))                                 | *                                         | Minus                         | ***                                         | =                                     | x s=               |                        | OR                           | × \$=              |                        |
| Α                                                                                                                                                                                                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                           |                               |                                             |                                       | + \$=              |                        | OR                           | + s=               |                        |
|                                                                                                                                                                                                                                                                                                  |                                                                 |                                           |                               |                                             |                                       | TOTAL<br>ADD'L FEE |                        | OR                           | TOTAL<br>ADD'L FEE |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".                       |                                                                 |                                           |                               |                                             |                                       |                    |                        |                              |                    |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.